

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | <i>mm</i> | <i>6814</i> | <i>10/2/55</i> |
| O.L.P.E. CLASSIFIER | | <i>21</i> | <i>10/7/99</i> |
| FORMALITY REVIEW | | <i>69452</i> | <i>10/14/99</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---|
| Final Original | 10/00 10/01 10/02 10/03 10/04 10/05 10/06 10/07 10/08 10/09 10/10 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 10/24 10/25 10/26 10/27 10/28 10/29 10/30 10/31 |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her